



ALASKA OFFICE OF VICTIMS' RIGHTS REQUEST FOR HELP FORM

Today's date: _____

First name, middle initial, and last name of the crime victim **(if victim is deceased, list the name here)**:

Victim's date of birth: _____

First name, middle initial and last name of the person filling out this form **(if different from the victim)**:

Your relationship to the victim: _____

Complete mailing address: _____

Phone number (s) and/or e-mail address: Home: _____ Work: _____

Cell: _____ Email: _____

What is the nature of the crime? (Please choose the category that best fits).

Assault _____ Sexual Offense _____ Theft/Property _____ Drug Offense _____ Other _____

Does the crime involve domestic violence? YES _____ NO _____

What is the approximate date of the crime? _____

What is the name of the person(s) who committed the crime(s)? (if known)

Please give a brief description of the crime: _____

Is there an ongoing police investigation? YES _____ NO _____ If so, please provide the officer's name

and report number (if known): _____

Is the case being prosecuted? YES ____ NO ____ If so, please provide the name of the prosecuting attorney and the court case number (if known): _____

Do you have any concerns about the police investigation, or the criminal prosecution?

Have you addressed your concerns with the police or prosecutor? YES ____ NO ____

Name and phone number of person(s) with whom you have addressed your concerns: _____

What would you like the Office of Victims' Rights to do to help you?

How did you learn about the Office of Victims' Rights?

The Office of Victims' Rights (OVR) will maintain confidentiality with respect to *all* matters, including your identity, and that of witnesses coming before the OVR except insofar as, in the judgment of the OVR, disclosures are authorized by law and/or as may be necessary in order to enable this office to carry out its duties and to support its recommendations. This means that in the course of processing this complaint – request for assistance form and/or providing services in this case, it may become necessary for the OVR to use your name and/or other information about your case that you have provided, or which was acquired by the OVR in the discharge of our official duties, as a result of submitting this complaint – request for assistance form to us. By signing below you are agreeing that, in the judgment of the OVR, we may use your name and discuss and/or disclose information and/or documents and/or the facts of this case with others, including but not limited to others within the executive, legislative, or judicial branches of government, private or public agencies or offices, in open court and/or to the general public, or others, in the formulation of our findings and recommendations and in the discharge of our duties. The services of the Office of Victims' Rights are free.

IF YOU AGREE SIGN HERE:

NOTE: Whether you are faxing this complaint or mailing it to us, please sign this form on the above line using your full name. Thank you.

Taylor E. Winston, Director
The Alaska Office of Victims' Rights
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Anchorage, Alaska 99501-1936

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To learn about your rights as a crime victim in Alaska and how the Office of Victims' Rights can help you, visit our
Web site: <http://ovr.akleg.gov>

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